Department of the

# DLN: 93493199012112

# OMB No. 1545-0047

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

Open to Public

|                                |                    | nue Service            |   |  |            |               |                                |           |                       |
|--------------------------------|--------------------|------------------------|---|--|------------|---------------|--------------------------------|-----------|-----------------------|
|                                |                    |                        | alendar year, or tax year begin  C Name of organization                       | ning 01-01-2020 , and end              | ing 12-3:  | 1-2020        | D. F                           | :         | ·                     |
|                                |                    | pplicable:<br>change   | U S-UKRAINE FOUNDATION  |  |            |               | 52-17787                       |           | ication number        |
|                                | me cha<br>tial ret | -                      | Doing business as   |  |            |               | -                              |           |                       |
|                                |                    | n/terminated           |   |  |            |               |                                |           |                       |
|                                |                    | d return<br>on pending | Number and street (or P.O. box if m<br>6312 SEVEN CORNERS CENTER - 36         |  | ) Room/su  | ite           | — E Telephone r<br>(703) 468   |           |                       |
| <b>—</b> ДР                    | piicatic           | on pending             | City or town, state or province, cour   | try, and ZIP or foreign postal code    |            |               | - (703) 488                    | -0014     |                       |
|                                |                    |                        | FALLS CHURCH, VA 220442409  |  |            |               | <b>G</b> Gross recei           | pts \$ 1, | .237,572              |
|                                |                    |                        | F Name and address of principa  | l officer:                             |            | H(a) Is th    | nis a group retur              | n for     |                       |
|                                |                    |                        | NADIA McCONNELL<br>6614 WEATHEFORD CT   |  |            |               | ordinates?<br>all subordinates |           | □Yes ☑No              |
| Tay                            | v-0v0n             | npt status:            | McLEAN, VA 221011643  |  |            | ` inclu       | uded?                          |           | ☐ Yes ☐No             |
|                                |                    |                        | ☑ 501(c)(3) ☐ 501(c)( ) ◀ (   | insert no.)                            | 527        |               | lo," attach a list             |           |                       |
| ı w                            | ebsit              | .e:► ww                | w.usukraine.org   |  |            | n(c) Grou     | up exemption nu                | imber     | •                     |
| <b>∢</b> Forr                  | n of or            | rganization:           | : 🗹 Corporation 🗌 Trust 🔲 Asso  | ciation Other ►                        |            | L Year of for | mation: 1991                   | State     | of legal domicile: VA |
|                                |                    | _                      |   |  |            |               |                                |           |                       |
| Pa                             | art I              | _                      | mary<br>scribe the organization's mission o                                   | r most significant activities:         |            |               |                                |           |                       |
|                                | E                  | BUILDING               | PEACE AND PROSPERITY BY SUPP  | PORTING DEMOCRACY, A FREE              |            |               |                                |           |                       |
| )Ce                            | 2                  | CONDUCT                | ED THROUGH EDUCATIONAL CON  | FERENCES, TRAINING, INFORM             | IATIONAL   | OUTREACH,     | AND PEOPLE-TO                  | )-PEOF    | LE EXCHANGES.         |
| ieu<br>L                       | -                  |                        |   |  |            |               |                                |           |                       |
| Activities & Governance        | -                  |                        |   |  |            |               |                                |           |                       |
| 3                              |                    |                        | is box ▶ □ if the organization dis<br>of voting members of the governin       |  |            |               |                                | ets.<br>3 | <b> </b> 6            |
| <b>ජ</b><br>ග                  |                    |                        | of independent voting members of  | - , , , , , ,                          |            |               |                                | 4         | 5                     |
| Me                             | 5                  | Total nun              | mber of individuals employed in ca  | endar year 2020 (Part V, line 2        | (a)        |               |                                | 5         | 8                     |
|                                | 6                  | Total nun              | nber of volunteers (estimate if nec   | essary)                                |            |               |                                | 6         | 45                    |
| a,                             |                    |                        | elated business revenue from Part   |  |            |               |                                | 7a        | 0                     |
|                                | b                  | Net unrel              | lated business taxable income fron  | Form 990-T, line 39                    |            |               |                                | 7b        | 0                     |
|                                | _                  |                        |   |  |            | Р             | rior Year                      |           | Current Year          |
| ē                              |                    |                        | tions and grants (Part VIII, line 1h)   |  |            |               | 134,57                         | +         | 1,161,927             |
| Ravenue                        | l                  | -                      | service revenue (Part VIII, line 2g)<br>ent income (Part VIII, column (A), li |  |            |               | 28,904                         | -         | 75,050<br>1,196       |
| ď                              |                    |                        | /enue (Part VIII, column (A), lines !   |  | •          |               |                                | +         | -601                  |
|                                |                    |                        | enue—add lines 8 through 11 (mu   |  | ne 12)     |               | 164,286                        | 5         | 1,237,572             |
|                                | 13                 | Grants ar              | nd similar amounts paid (Part IX, c   | olumn (A), lines 1-3 )                 |            |               | 55,172                         | 2         | 183,588               |
|                                | 14                 | Benefits               | paid to or for members (Part IX, co   | lumn (A), line 4)                      |            |               | (                              |           | C                     |
| 8                              | 15                 | Salaries,              | other compensation, employee be   | nefits (Part IX, column (A), line      | s 5–10)    |               | 99,65                          | 5         | 423,090               |
| Expenses                       | 16a                | Professio              | onal fundraising fees (Part IX, colur   | nn (A), line 11e)                      |            |               | (                              |           |                       |
| X                              |                    |                        | raising expenses (Part IX, column (D), I                                      |  |            |               | 100 54                         |           | 242.474               |
|                                |                    |                        | penses (Part IX, column (A), lines :  | ·                                      | •          |               | 128,549                        | +         | 243,676               |
|                                |                    |                        | enses. Add lines 13–17 (must equ<br>less expenses. Subtract line 18 fro       |  |            |               | 283,376<br>-119,090            | +         | 850,354<br>387,218    |
| × o                            |                    | Revenue                | 1005 CAPCINGS, DUBLICO IIIC 10 IIC  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | •          | Beginnin      | g of Current Yea               | +         | End of Year           |
| Net Assets or<br>Fund Balances |                    |                        |   |  |            |               |                                |           |                       |
| ASS<br>Ba                      |                    |                        | ets (Part X, line 16)   |  | •          |               | 246,183                        | +         | 706,972               |
| E G                            |                    |                        | oilities (Part X, line 26)  |  |            |               | 72,12                          | +         | 145,696               |
|                                | ri II              |                        | ts or fund balances. Subtract line 2<br>ature Block                           | I from line 20                         | •          |               | 174,058                        | 2         | 561,276               |
|                                |                    |                        | erjury, I declare that I have exam  | ined this return, including accor      | mpanying   | schedules a   | nd statements, a               | and to    | the best of my        |
|                                | ledge<br>nowle     |                        | f, it is true, correct, and complete  | Declaration of preparer (other         | than offic | er) is based  | on all information             | on of v   | vhich preparer has    |
| ,                              |                    | I k                    |   |  |            |               |                                |           |                       |
|                                |                    | Signati                | ure of officer  |  |            |               | 022-07-17<br>ate               |           |                       |
| Sign<br>Here                   |                    | John K                 | un Vias Procident   |  |            |               |                                |           |                       |
|                                |                    |                        | un Vice President<br>r print name and title                                   |  |            |               |                                |           |                       |
|                                |                    | P                      | rint/Type preparer's name   | Preparer's signature                   | D          | ate           | heck I if PTI                  | N         |                       |
| Paid                           | t                  | L                      |   |  |            | se            | elf-employed                   |           |                       |
|                                | pare               | ∍r   F                 | irm's name 🕨  |  |            | Fi            | rm's EIN ▶                     |           |                       |
| Use                            | On                 | ly F                   | irm's address 🕨   |  |            | PI            | hone no.                       |           |                       |
|                                |                    |                        |   |  |            |               |                                |           |                       |
| <br>∕lay t                     | he IR              | .S discuss             | this return with the preparer show  | vn above? (see instructions)           |            |               |                                | Пу        | ′es 🗌 No              |

| Form | 990 (2020)   |   |                      |   |  | Page <b>2</b> |
|------|--|---|----------------------|---|--|---------------|
| Pa   | rt III Statement                                     | of Program Ser                              | vice Accomplis       | hments  |  |               |
|      | Check if Sche  | dule O contains a re                        | sponse or note to a  | any line in this Part III                     |  | 🗆             |
| 1    | Briefly describe the o                               | organization's missio                       | n:                   |   |  |               |
| BUIL | DING PEACE AND PRO                                   | SPERITY BY SUPPOR                           | RTING DEMOCRACY      | , A FREE MARKET AN                            | ND HUMAN RIGHTS FOR UKRAINE.             |               |
|      |  |   |                      |   |  |               |
|      |  |   | ,                    |   |  |               |
| 2    | Did the organization                                 | undertake any signi                         | ficant program serv  | vices during the year                         | which were not listed on                 |               |
|      | the prior Form 990 o                                 | r 990-EZ?                                   |                      |   |  | ☐ Yes 🗹 No    |
|      | If "Yes," describe the                               | ese new services on                         | Schedule O.          |   |  |               |
| 3    | Did the organization                                 | cease conducting, o                         | r make significant ( | changes in how it cor                         | nducts, any program                      |               |
|      | services?  |   |                      |   |  | 🗌 Yes 🗹 No    |
|      | If "Yes," describe the                               | ese changes on Sche                         | dule O.              |   |  |               |
| 4    |  |   |                      |   | ee largest program services, as measu    |               |
|      | Section 501(c)(3) an expenses, and reven             |   |                      |   | t of grants and allocations to others, t | the total     |
|      | expenses, and reven                                  | de, il ally, for each p                     | orogram service re   | porteu.                                       |  |               |
| 4a   | (Code:   | ) (Expenses \$                              | 411,916              | including grants of \$                        | 114,740 ) (Revenue \$                    | 45,708 )      |
|      | See Additional Data                                  |   |                      |   |  |               |
|      |  |   |                      |   |  |               |
| 4b   | (Code:   |   |                      |   |  |               |
|      |  | ) (Expenses \$                              | 138,736              | including grants of \$                        | 64,248 ) (Revenue \$                     | 29,342 )      |
|      | See Additional Data                                  | ) (Expenses \$                              | 138,736              | including grants of \$                        | 64,248 ) (Revenue \$                     | 29,342 )      |
| 40   |  |   |                      |   |  |               |
| 4c   | (Code:   | ) (Expenses \$ ) (Expenses \$               | 138,736<br>76,283    | including grants of \$ including grants of \$ | 64,248 ) (Revenue \$ 0 ) (Revenue \$     | 29,342 )      |
| 4c   |  |   |                      |   |  |               |
| 4c   | (Code:   | ) (Expenses \$                              |                      |   |  |               |
| 4c   | (Code:<br>See Additional Data                        | ) (Expenses \$<br>Table                     | 76,283               |   |  |               |
|      | (Code:<br>See Additional Data<br>See Additional Data | ) (Expenses \$  Table  ces (Describe in Sch | 76,283               | including grants of \$                        |  |               |

**Checklist of Required Schedules** Yes Nο Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🛸 . . . Yes Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Nο 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Nο Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . 5 Nο Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Nο

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments. 10 permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V . . . . . . . . .

Nο Nο

Nο

Nο

No

Nο

Nο

No

No

Nο

Nο

Nο

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

20b

21

Yes

Yes

Yes

Yes

Yes

Form 990 (2020)

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Nο 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total No assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . . . . . . 11b Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its No total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c

Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported 

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 

Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . .

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

| orm ' | 990 (2020)  |     |     | Page <b>4</b> |
|-------|---|-----|-----|---------------|
| Parl  | Checklist of Required Schedules (continued)   |     |     |               |
|       |   |     | Yes | No            |
|       | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22  |     | No            |
|       | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>   | 23  |     | No            |
|       | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a  | 24a |     | No            |
| b     | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b |     |               |
| С     | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24c |     |               |
| d     | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d |     |               |
|       | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a |     | No            |
| b     | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I   | 25b |     | No            |
|       | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   | 26  |     | No            |
| 27    | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27  |     | No            |
|       | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |     |     |               |
| а     | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV  | 28a |     | No            |
| b     | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV   | 28b |     | No            |
| С     | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV   | 28c |     | No            |
| 9     | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29  |     | No            |
|       | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>   | 30  |     | No            |
| 1     | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31  |     | No            |
| 2     | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  | 32  |     | No            |
| 3     | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>   | 33  |     | No            |
| 4     | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  | 34  |     | No            |
| 5a    | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a |     | No            |
| b     | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b |     |               |
|       | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  | 36  |     | No            |
| 7     | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>  | 37  |     | No            |
| 8     | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O   | 38  | Yes |               |
| Par   | Statements Regarding Other IRS Filings and Tax Compliance   |     |     |               |
|       | Check if Schedule O contains a response or note to any line in this Part V  | ٠.  |     |               |
| 1a    | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   2   |     | Yes | No            |

Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

0

1c

1b

| Pai     | Statements Regarding Other IRS Filings and Tax Compliance (continued)  |            |     |      |  |  |  |  |
|---------|--|------------|-----|------|--|--|--|--|
| 2a      | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  |            |     |      |  |  |  |  |
| b       | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  | 2b         | Yes |      |  |  |  |  |
| За      | Ba Did the organization have unrelated business gross income of \$1,000 or more during the year?   |            |     |      |  |  |  |  |
| b       | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule $O$  | 3b         |     |      |  |  |  |  |
|         | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country: | 4a         |     | No   |  |  |  |  |
|         | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |            |     |      |  |  |  |  |
| 5a      | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a         |     | No   |  |  |  |  |
| b       | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b         |     | No   |  |  |  |  |
| c       | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   | 5c         |     |      |  |  |  |  |
|         | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  | 6а         |     | No   |  |  |  |  |
| b       | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | 6b         |     |      |  |  |  |  |
|         | Organizations that may receive deductible contributions under section 170(c).  |            |     |      |  |  |  |  |
|         | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  |            |     | No   |  |  |  |  |
|         | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b         |     |      |  |  |  |  |
|         | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | <b>7</b> c |     | No   |  |  |  |  |
| d       | If "Yes," indicate the number of Forms 8282 filed during the year  |            |     |      |  |  |  |  |
| е       | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e         |     | No   |  |  |  |  |
|         | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f         |     | No   |  |  |  |  |
| g       | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |            |     |      |  |  |  |  |
| h       | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h         |     | No   |  |  |  |  |
| 8       | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   | 8          |     |      |  |  |  |  |
| 9       | Sponsoring organizations maintaining donor advised funds.  |            |     |      |  |  |  |  |
| а       | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a         |     |      |  |  |  |  |
| b       | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b         |     |      |  |  |  |  |
| 10      | Section 501(c)(7) organizations. Enter:  |            |     |      |  |  |  |  |
|         | Initiation fees and capital contributions included on Part VIII, line 12   |            |     |      |  |  |  |  |
| ь<br>11 | Section 501(c)(12) organizations. Enter:   |            |     |      |  |  |  |  |
| <br>а   | Gross income from members or shareholders  |            |     |      |  |  |  |  |
| b       | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   |            |     |      |  |  |  |  |
| 12a     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a        |     |      |  |  |  |  |
| b       | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   |            |     |      |  |  |  |  |
| 13      | Section 501(c)(29) qualified nonprofit health insurance issuers.   |            |     |      |  |  |  |  |
|         | Is the organization licensed to issue qualified health plans in more than one state?   | 13a        |     |      |  |  |  |  |
|         | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  |            |     |      |  |  |  |  |
|         | Enter the amount of reserves on hand   |            |     | N1 - |  |  |  |  |
|         | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a        |     | No_  |  |  |  |  |
| 15      | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess   | 14b        |     |      |  |  |  |  |
| 16      | parachute payment(s) during the year?  | 15         |     | No   |  |  |  |  |
|         | If "Yes," complete Form 4720, Schedule O.  | 16         |     | No   |  |  |  |  |

|     | ()   |   |     | i age o    |
|-----|--|---|-----|------------|
| Par | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI | • |     | lines<br>🗸 |
| Se  | tion A. Governing Body and Management  |   |     |            |
|     |  |   | Yes | No         |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year   1a   6   |   |     |            |
|     | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  |   |     |            |
| b   | Enter the number of voting members included in line 1a, above, who are independent  1b  5  |   |     |            |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  | 2 |     | No         |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  | 3 |     | No         |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .   | 4 |     | No         |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 5 |     | No         |
| 6   | Did the organization have members or stockholders?   | 6 |     | No         |
| _   |  |   |     |            |

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| 7a  | members of the governing body?   | 7a     |     | No |
|-----|--|--------|-----|----|
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  | 7b     |     | No |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |        |     |    |
| а   | The governing body?  | 8a     | Yes |    |
| b   | Each committee with authority to act on behalf of the governing body?  | 8b     | Yes |    |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O               | 9      |     | No |
| Se  | ction B. Policies (This Section B requests information about policies not required by the Internal Revenue   | e Code | e.) |    |
|     |  |        | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates?   | 10a    |     | No |
| b   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b    |     |    |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a    | Yes |    |
| b   | Describe in Schedule O the process, if any, used by the organization to review this Form 990   |        |     |    |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a    |     | No |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b    |     |    |
| С   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | 12c    |     |    |
| 13  | Did the organization have a written whistleblower policy?  | 13     |     | No |
| 14  | Did the organization have a written document retention and destruction policy?   | 14     |     | No |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       |        |     |    |
| а   | The organization's CEO, Executive Director, or top management official   | 15a    |     | No |
| b   | Other officers or key employees of the organization  | 15b    |     | No |
|     | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |        |     |    |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | 16a    |     | No |

- b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt 16b
- List the states with which a copy of this Form 990 is required to be filed▶
- Section C. Disclosure Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s) only) available for public inspection. Indicate how you made these available. Check all that apply. ☑ Own website ☐ Another's website ☑ Upon request ☑ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest

State the name, address, and telephone number of the person who possesses the organization's books and records: ▶JOHN A KUN 6312 SEVEN CORNERS CENTER - 361 FALLS CHURCH, VA 220442409 (703) 860-1039

policy, and financial statements available to the public during the tax year.

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

| and Independent Contractors |  |
|-----------------------------|--|
|                             |  |

Check if Schedule O contains a response or note to any line in this Part VII . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee." • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations.

| See instructions for the order in which to list the $\square$ Check this box if neither the organization no | •   |                             | ion c            | omr                          | ens                         | ated a        | nv c       | urrent officer, dire   | ctor, or trustee.   |  |
|---|---|-----------------------------|------------------|------------------------------|-----------------------------|---------------|------------|--|---|--|
| (A) Name and title  | (B) Average hours per week (list any hours for related organizations below dotted line) | Position<br>than of<br>is b | on (do<br>one bo | (C<br>o no<br>ox, u<br>in of | )<br>t ch<br>unle:<br>ficer | eck mess pers | ore<br>son | (D) Reportable compensation from the organization (W-2/1099- MISC) | (E) Reportable compensation from related organizations (W-2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| (1) NADIA McCONNELL PRESIDENT/DIRECTOR  | 40  | х                           |                  | х                            |                             |               |            | 55,000   | 0   | C  |
| (2) MARKIAN BILYNSKYJ<br>VICE PRESIDENT   | 40  |                             |                  | x                            |                             |               |            | 55,000   | 0   | C  |
| (3) JOHN KUN<br>VICE PRESIDENT  | 20  |                             |                  | х                            |                             |               |            | 35,750   | 0   | C  |
| (4) ROMAN POPADIUK<br>CHAIRMAN/DIRECTOR   | 0   | х                           |                  |                              |                             |               |            | 0  | 0   | C  |
| (5) OREST DEYCHAKIWSKY<br>VICE CHAIRMAN/DIRECTOR  | 6   | Х                           |                  |                              |                             |               |            | 0  | 0   | C  |
| (6) BOB HEATH<br>TREASURER/DIRECTOR   | 0   | Х                           |                  |                              |                             |               |            | 0  | 0   | C  |
| (7) TANIA CHOMIAK-SALVI<br>DIRECTOR   | 0   | Х                           |                  |                              |                             |               |            | 0  | 0   | C  |
| (8) RUSTY BROOKS<br>CHAIRMAN/DIRECTOR   | 5<br>0  | Х                           |                  |                              |                             |               |            | 0  | 0   | C  |
| (9) DAVID RIGSBY<br>DIRECTOR  | 0   | Х                           |                  |                              |                             |               |            | 0  | 0   | C  |
| (10) GEORGE MASIUK<br>DIRECTOR  | 0   | Х                           |                  |                              |                             |               |            | 0  | 0   | C  |
| (11) JIM O'BEIRNE<br>DIRECTOR   | 0   | Х                           |                  |                              |                             |               |            | 0  | 0   | C  |
| (12) TEMURI YAKOBASHVILI<br>DIRECTOR  | 0   | Х                           |                  |                              |                             |               |            | 0  | 0   | C  |
| (13) JON QUEEN<br>DIRECTOR  | 0   | Х                           |                  |                              |                             |               |            | 0  | 0   | C  |
| (14) KEN BOSSONG<br>DIRECTOR  | 0   | Х                           |                  |                              |                             |               |            | 0  | 0   | (  |
|   |   |                             |                  |                              |                             |               |            |  |   |  |
|   |   |                             |                  |                              |                             |               |            |  |   |  |
|   |   |                             |                  |                              |                             |               |            |  |   |  |
|   |   |                             |                  |                              |                             |               |            |  |   | Form <b>990</b> (2020)   |

| Name and                | title Average hours per week (list any hours for related                       | tha<br>i | sition (d<br>in one l<br>is both<br>dire | do n<br>box,<br>an o | , unle       | ess pers                     | son    | Reportable compensation from the organization | Reportable compensation from related organizations | s | Estima<br>amount o<br>compens<br>from | ated<br>of other<br>sation<br>the |
|-------------------------|--|----------|--|----------------------|--------------|------------------------------|--------|---|--|---|---------------------------------------|-----------------------------------|
|                         | organization<br>below dotted<br>line)  | ıs S     | Institutional Trustee Individual trustee | Officer              | Key employee | Highest compensated employee | Former | (W-2/1099-<br>MISC)                           | (W-2/1099-<br>MISC)                                |   | organizati<br>relat<br>organiza       | ed                                |
|                         |  |          | $\perp$                                  | $\perp$              | $\perp$      |                              | Ш      |   |  |   |                                       |                                   |
|                         |  | +        | +  | +                    | +            | _                            |        |   |  |   |                                       |                                   |
|                         |  | +        | +  | +                    | +            | 1                            | H      |   |  | + |                                       |                                   |
|                         |  | +        | +  | +                    | +            | +                            | H      |   |  | + |                                       |                                   |
|                         |  |          | +  | $\dagger$            | T            | _                            |        |   |  |   |                                       |                                   |
|                         |  |          |  | $\perp$              | I            |                              |        |   |  |   |                                       |                                   |
|                         |  | $\perp$  |  | $\perp$              | $\perp$      |                              | Ш      |   |  |   |                                       |                                   |
|                         |  |          |  |                      |              |                              |        |   |  |   |                                       |                                   |
|                         | ation sheets to Part VII, Sectio   |          |  |                      |              | <b>*</b>                     |        |   |  |   |                                       |                                   |
|                         | and 1c)  |          |  |                      |              |                              |        | 145,750                                       |  | 0 |                                       | (                                 |
| 2 Total number of inc   | dividuals (including but not limite<br>ensation from the organization <b>l</b> | ed to th |  |                      |              | e) who                       | rece   | eived more than \$1                           | 00,000   |   |                                       |                                   |
|                         |  |          |  |                      |              |                              |        |   |  |   | Yes                                   | No                                |
|                         | n list any <b>former</b> officer, directo<br>omplete Schedule J for such indi  |          |  |                      |              |                              |        |   | employee on  | 3 |                                       | No                                |
| 4 For any individual li | isted on line 1a, is the sum of re   | portab   | le com                                   | ipen                 | satio        | n and c                      | other  | compensation from                             | the  |   |                                       |                                   |

| ď | Total (add lines 1b and 1c)   |
|---|---|
| 2 | Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization $\blacktriangleright$ 0 |
| 3 | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on  |

|  |   | 1 . |  |  |  |  |  |  |  |
|--|---|-----|--|--|--|--|--|--|--|
| officer, director or trustee, key employee, or highest compensated employee on   |   |     |  |  |  |  |  |  |  |
| J for such individual  | 3 |     |  |  |  |  |  |  |  |
| s the sum of reportable compensation and other compensation from the<br>ns greater than \$150,000? <i>If "Yes," complete Schedule J for such</i> |   |     |  |  |  |  |  |  |  |
|  | 4 |     |  |  |  |  |  |  |  |
| ive or accrue compensation from any unrelated organization or individual for   |   |     |  |  |  |  |  |  |  |

(C)

Compensation

Form 990 (2020)

| line 1a? If "Yes," complete Schedule J for such individual   | 3 |
|--|---|
| For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 |
| Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for  |   |

Nο services rendered to the organization? If "Yes," complete Schedule J for such person 5 Nο **Section B. Independent Contractors** 

5

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

1

the calendar year ending with or within the organization's tax year. (B) address Description of services

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

| from the organization. | Report | compensa | ation for  | t |
|------------------------|--------|----------|------------|---|
|                        |        |          | (A)        |   |
|                        |        | Name and | l business | i |
|                        |        |          |            |   |

compensation from the organization ▶ 0

|  |          | (2020)                                      |         |                        |               |                    |  |  |  | Page <b>9</b>  |
|--|----------|---|---------|------------------------|---------------|--------------------|--|--|--|--|
| Part   | VII      |   |         |                        |               |                    | p  |  |  |  |
|  |          | Check if Scheo                              | dule    | O contains a           | respoi        | nse or note to any | r line in this Part VIII<br>(A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue      | (D) Revenue excluded from tax under sections 512 - 514 |
| 2 £  | 1a       | Federated campaig                           | gns     |                        | 1a            | 576                |  |  |  |  |
| unt  | b        | Membership dues                             |         |                        | 1b            | 0                  |  |  |  |  |
| s, Grants<br>Amounts                                   | C        | Fundraising events                          | s.      |                        | 1c            | 0                  |  |  |  |  |
| fts.   | d        | Related organizati                          | ons     |                        | 1d            | 0                  |  |  |  |  |
| ons, Gift<br>Similar                                   | е        | Government grants (                         | contr   | ibutions)              | 1e            | 47,301             |  |  |  |  |
| ons<br>Sir   | f        | All other contributions and similar amounts | s, gif  | ts, grants,<br>ncluded |               | 1 114 050          |  |  |  |  |
| her  |          | above<br>Noncash contribution               |         |                        | 1f            | 1,114,050          |  |  |  |  |
| E S  | g        | lines 1a - 1f:\$                            | 3 11101 |                        | 1g            | 23,222             |  |  |  |  |
| Contributions, Gifts, Grants and Other Similar Amounts | h        | Total. Add lines 1                          | a-1f    |                        |               |                    | 1,161,927  |  |  |  |
|  |          |   |         |                        | I             | Business Code      | , ,  |  | ·  |  |
|  | 2a       | FEE INCOME CONVEN                           | OITV    | N EXHIBIT              | Ī             | 561000             | 3,950  | 3,950                                  | 0  | 0  |
| E e  | ١.       | PROJECT ADMINISTR                           | ATIO    | N/OVERHEAD             |               |                    | 45,058   | 45,058                                 | 0  | 0  |
| Program Service Revenue                                | "        | TROSECT ADMINISTR                           | W110    | N, OVERNIEAD           |               | 561000             | Ť  |  |  |  |
| e<br>B   | ۰        | PROFESSIONAL EXCH                           | HANG    | ES/TRANSLAT            | IONS          | 56 <b>11</b> 10    | 26,042   | 26,042                                 | 0  | 0  |
| æ.<br>Æ  |          |   |         |                        |               |                    |  |  |  |  |
| کن<br>=  | d        | I   |         |                        |               |                    |  |  |  |  |
| grar   | l e      |   |         |                        |               |                    |  |  |  |  |
| ď  |          | ·   |         |                        |               |                    | 0  | 0                                      | 0  | 0  |
|  | f        | All other program                           | serv    | ice revenue.           |               |                    | 0  | 0                                      | Ŭ.   | 0  |
|  | $oxed{}$ | Total. Add lines 2                          |         |                        |               | 75,050             | _  | r                                      |  | Γ  |
|  | 3        | Investment income similar amounts) .        | (inc    | luding divide          | ends, ir<br>• | nterest, and other | 1,19   | 16                                     | 0  | 1,196  |
|  | ı        | Income from invest                          |         |                        |               | nd proceeds        | •  | 0                                      | 0  | 0  |
|  | 5        | Royalties                                   | _ •     |                        |               | •                  | •  | 0                                      | 0  | 0  |
|  |          |   |         | (i) Rea                | ıl            | (ii) Personal      | _  |  | ***  |  |
|  | 6a       | Gross rents                                 | 6a      |                        | 0             |                    | О  |  |  |  |
|  | b        | Less: rental                                | c h     |                        |               |                    |  |  |  |  |
|  | _        | expenses<br>Rental income                   | 6b      |                        | 0             |                    | 0  |  |  |  |
|  | C        | or (loss)                                   | 6с      |                        | 0             |                    | 0  |  | 1  |  |
|  | ١ (      | Net rental income                           | or      |                        |               |                    |  | 0                                      | 0  | 0  |
|  |          |   |         | (i) Securi             | ties          | (ii) Other         | 4  |  | 111  |  |
|  | 7a       | Gross amount from sales of                  | 7a      |                        | 0             |                    | 0  |  |  |  |
|  |          | assets other<br>than inventory              |         |                        |               |                    |  |  |  |  |
|  | b        | Less: cost or other basis and               | 7b      |                        | 0             |                    | 0  |  |  |  |
|  |          | sales expenses                              |         |                        |               |                    |  |  |  |  |
|  | c        | Gain or (loss)                              | 7c      |                        | 0             |                    | o  |  |  | 0  |
|  | ,        | d Net gain or (loss)                        |         |                        |               |                    | 1  | 0                                      | 0  | 0  |
| a  | 8a       | Gross income from fu<br>(not including \$   | undra   | ising events<br>0 of   |               |                    |  |  | 1  |  |
| ž.   |          | contributions reporte                       |         | line 1c).              |               |                    |  |  |  |  |
| eve  |          | See Part IV, line 18                        | •       |                        | 8a            | C                  | _  |  |  |  |
| Other Revenue  | l        | Less: direct expen                          |         |                        | 8b            | C                  | )  |  | 0  | 0  |
| the  | ľ        | : Net income or (los                        | 55) Tr  | om tundrais            | ing eve       | ents •             | 1  |  | •  |  |
|  | 9a       | Gross income from                           | gam     | ing activities.        |               |                    |  |  |  |  |
|  |          | See Part IV, line 19                        |         |                        | 9a            | 0                  | _  |  |  |  |
|  |          | Less: direct expen                          |         |                        | 9b            | 0                  | 0  |  |  | 0  |
|  | `        | . Net income or (los                        | 55) 11  | om gaming              | activitie     | es <b>&gt;</b>     | 1  |  |  | ľ  |
|  | 10       | aGross sales of inve                        | ento    | ry, less               |               |                    |  |  | -  |  |
|  | ١.       | returns and allowa                          |         |                        | 10a           | 0                  |  |  |  |  |
|  |          | Less: cost of good                          |         |                        | 10Ь           |                    |  |  |  | 0  |
|  | _        | Net income or (los<br>Miscellaneo           |         |                        | invento       | Business Code      |  |  |  |  |
|  | 11       |   |         |                        |               |                    | 7  |  |  |  |
|  |          |   |         |                        |               |                    |  |  | 1  |  |
|  | ŀ        | ·   |         |                        | _             |                    |  |  |  |  |
|  |          |   |         |                        |               |                    |  |  |  |  |
|  | ,        |   |         |                        |               |                    |  |  |  |  |
|  |          |   |         |                        |               |                    |  |  |  |  |
|  | (        | All other revenue                           |         |                        |               |                    | -60  | )1                                     | 0  | -601   |
|  | •        | <b>Total.</b> Add lines 1                   | 1a-:    | 11d                    |               | •                  | -60  | 1                                      |  |  |
|  | 12       | <b>2 Total revenue.</b> S                   | ee ir   | nstructions            |               |                    | 1,237,57   |  | 0  | 595  |
|  |          |   |         |                        |               |                    | 1,237,37   | 73,030                                 | <u>1                                    </u> | Form <b>990</b> (2020)                                 |

3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 

4 Benefits paid to or for members . . . . .

7 Other salaries and wages . . . . . . . 8 Pension plan accruals and contributions (include section 401

9 Other employee benefits . . . . .

c Accounting . . . . . . . . .

e Professional fundraising services. See Part IV, line 17 f Investment management fees . . . . .

(A) amount, list line 11g expenses on Schedule O)

18 Payments of travel or entertainment expenses for any federal, state, or local public officials .

24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720).

19 Conferences, conventions, and meetings . .

21 Payments to affiliates . . . . .

22 Depreciation, depletion, and amortization .

g Other (If line 11g amount exceeds 10% of line 25, column

d Lobbying . . . . . .

12 Advertising and promotion . .

13 Office expenses . . . .

14 Information technology .

15 Royalties .

16 Occupancy . .

23 Insurance . .

b c d

expenses on Schedule O.)

e All other expenses

**10** Payroll taxes . . . . . . 11 Fees for services (non-employees): a Management . . . .

**b** Legal . . . . . .

(k) and 403(b) employer contributions) . . . .

5 Compensation of current officers, directors, trustees, and 

6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . . . . . . . .

| 101111 330 (.  | 2020)  |                       |                                    |   | Page 10                               |  |  |  |  |  |
|--|--|-----------------------|------------------------------------|---|---------------------------------------|--|--|--|--|--|
| Part IX  | Part IX Statement of Functional Expenses   |                       |                                    |   |                                       |  |  |  |  |  |
|  | Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). |                       |                                    |   |                                       |  |  |  |  |  |
|  | Check if Schedule O contains a response or note to any line in this Part IX  |                       |                                    |   |                                       |  |  |  |  |  |
|  | clude amounts reported on lines 6b,<br>, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service<br>expenses | (C)<br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses |  |  |  |  |  |
| Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 |  | 21,648                | 21,648                             |   |                                       |  |  |  |  |  |
| 2 Grants   | and other assistance to domestic individuals. See  | 0                     | 0                                  |   |                                       |  |  |  |  |  |

| 7b, 8b, 9b, and 10b of Part VIII.  | Total expenses | Program service<br>expenses | Management and<br>general expenses | Fundraising<br>expenses |
|--|----------------|-----------------------------|------------------------------------|-------------------------|
| Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 21,648         | 21,648                      |                                    |                         |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22                          | 0              | 0                           |                                    |                         |
| 3 Grants and other assistance to foreign organizations, foreign                                      | 161,940        | 161,940                     |                                    |                         |

145.750

241.039

5.317

30.984

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0 57,050

1,089

23,816

31.515

51,206

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40,423

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850,354

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133

20.344

86,245

224,372

2.410

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57,000

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635,944

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26,000

16.667

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29,641

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51,206

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42,920

Form 990 (2020)

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33

Liabilities 22

Fund Balances

5 29

Assets 30 Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Intangible assets . . . . .

Deferred revenue . . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33,

Net assets without donor restrictions

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

Total liabilities and net assets/fund balances

Tax-exempt bond liabilities . . .

Grants payable .

Investments-other securities. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 33) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties .

Organizations that follow FASB ASC 958, check here ▶

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . . .

Capital stock or trust principal, or current funds .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here 

and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments-program-related. See Part IV, line 11

Page **11** 

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17.269

52,519

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174,698

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706,972

Form 990 (2020)

706,972

145,696

29,898

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3.236

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34,775

139,283

174,058

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| check in behiculate of contains a response of note to any line in this factor. |                          |   | · · · · —                 |
|--|--------------------------|---|---------------------------|
|  | (A)<br>Beginning of year |   | <b>(B)</b><br>End of year |
| 1 Cash-non-interest-bearing  | 106                      | 1 | 106                       |
| 2 Savings and temporary cash investments                                       | 177.044                  | 2 | 597 647                   |

| 2 Savings and temporary cash investments   | 111,044 |   | 057,047 |
|--|---------|---|---------|
| 3 Pledges and grants receivable, net   | 0       | 3 |         |
| 4 Accounts receivable, net   | 24,766  | 4 | 39,431  |
| 5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | 0       | 5 | 0       |
| 6 Loans and other receivables from other disqualified persons (as defined under  |         |   |         |

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 0 6 0 Notes and loans receivable, net . . . . 7 Assets Inventories for sale or use . . Prepaid expenses and deferred charges . 14,369 10a Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D 10b 10c b Less: accumulated depreciation

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Nο

Form 990 (2020)

3b

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? За

#### **Additional Data**

**Software ID:** 20012124

**Software Version:** v1.00 **EIN:** 52-1778729

Name: U S-UKRAINE FOUNDATION

Form 990 (2020)

#### 101111 330 (2020)

Form 990, Part III, Line 4a:

ECONOMIC DEVELOPMENT PROGRAM SUPPORTS UKRAINE'S ECONOMIC DEVELOPMENT THROUGH PROMOTIONAL ACTIVITIES, SUCH AS SPONSORING A "UKRAINE BOOTH" AT THE NEW YORK TIMES TRAVEL SHOW IN NYC, PARTNERING WITH OTHER ORGANIZATIONS IN OFFERING BIOTECH WORKSHOPS AND CONFERENCES IN UKRAINE. A PARTNER IN IMPLEMENTING THE "GIST INNOVATES UKRAINE PROGRAM," A 10-WEEK PRE-ACCELERATOR TRAINING PROGRAM IN UKRAINE. THE PROGRAM MAINTAINS TWO WEBSITES, TRAVELTOUKRAINE.ORG AND BIOUKRAINE.ORG. PROFESSIONAL DEVELOPMENT RESEARCH, TRAVEL AND CASH GRANTS AWARDED TO 56 BIOTECH

RESEARCHERS AND PRACTITIONERS, ALONG WITH BIOTECH PROFESSIONAL ORGANIZATIONS, WITH A GRANT TOTAL OF \$114,740.

#### Form 990, Part III, Line 4b: EDUCATION PROGRAM PROVIDES EDUCATIONAL TRAINING. EXCHANGES FOR 24 UKRAINIAN GOVERNMENT AND NGO LEADERS. PARTICIPANTS BENEFIT FROM 9-DAY PROGRAMS IN THE U.S. WHICH ARE IMPLEMENTED BY THE FOUNDATION'S NETWORK OF U.S. COMMUNITY PARTNERS, TOTAL EXCHANGE GRANTS TOTALED \$21.648. EDUCATION GRANTS AWARDED TO 45 STUDENTS IN UKRAINE TOTALED \$42,100 AND AN EDUCATIONAL GRANT PROVIDED TO THE ZHELDETS PUBLIC SCHOOL TOTALED

\$500.

# INFORMATIONAL SERVICES PROGRAM CONDUCTS MEETINGS AND PRESENTATIONS FOR THE PUBLIC REGARDING UKRAINE'S DEMOCRACY AND THE CONTINUING CRISIS OF RUSSIAN AGGRESSION FACING THE COUNTRY AND ITS LEADERSHIP. THERE WAS COLLABORATION WITH MANY NON-PROFITS IN HOLDING THESE INFORMATIONAL EVENTS. THIS PROGRAM ALSO INFORMS THE PUBLIC REGARDING UKRAINE'S GOVERNANCE AND CIVIL SOCIETY VIA E-NEWSLETTERS, POSTAL MAILINGS, SOCIAL MEDIA

Form 990, Part III, Line 4c:

NETWORKS, AND THE FOUNDATION'S WEBSITE, WWW.USUKRAINE.ORG.

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code: ) (Expenses \$ 7,809 including grants of \$ 4,600 ) (Revenue \$

PUBLIC POLICY PROGRAM PROVIDES SUPPORT FOR THE FRIENDS OF UKRAINE NETWORK INITIATIVE, AN ACTIVITY BRINGING TOGETHER SCHOLARS AND EXPERTS ON UKRAINE TO REVIEW U.S. POLICIES RELATING TO UKRAINE AND TO RECOMMEND POSSIBLE CHANGES. FINANCIAL

SUPPORT IS ALSO PROVIDED FOR THE PYLYP ORLYK INSTITUTE FOR DEMOCRACY, A PUBLIC POLICY ORGANIZATION IN KYIV, UKRAINE WHICH

ASSISTS UKRAINIAN POLICY MAKERS IN DEMOCRACY-BUILDING INITIATIVES. A GRANT OF \$4,600 WAS AWARDED.

) (Expenses \$ 1.200 including grants of \$ 0) (Revenue \$ 0

(Code:

HEALTH CARE & HUMANITARIAN AID PROGRAM - THIS IS THE FOUNDATION'S ACTIVITY TO IMPROVE HEALTH CARE AND PROVIDE THE

ESSENTIAL HUMAN NEEDS FOR THE PEOPLE OF UKRAINE. DURING THE PAST YEAR, THE FOUNDATION CONDUCTED AN ASSESSMENT OF THE

ORPHANAGE SYSTEM OF UKRAINE.

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data -  | DLN: 93493199012112   |
|--------------------------------------|--|---|
| TY 2020 Reasonable Cause Ex          | planation  |   |
|                                      |  |   |
| Name:                                | U S-UKRAINE  | FOUNDATION  |
| EIN:                                 | 52-1778729   |   |
| Software ID:                         | 20012124   |   |
| Software Version:                    | v1.00  |   |
| Explanation:                         | A HARD COPY ENDING AUG IRS. THE SUBI FOUNDATION FOUNDATION, IN PAPER FOR REQUIREMENT LATER IN THE SUBMISSION PROVIDER INCOPY OF THE THAT THE FISCULTURE THAT THE FISCULTURE WE WISH TO FISCULTURE SUBMISSION OF THE THAT THE FISCULTURE THAT THE FISCULTURE WISH TO FISCULTURE WISH TO FISCULTURE THAT THE FISCULTURE WISH TO FISCULTURE THAT THE FISCULTURE WISH TO FISCULTURE THAT THE FISCULTURE THAT THE FISCULTURE WISH TO FISCULTURE THE FISCULTURE THAT | PAPER 990 SUBMISSION FOR THE TAX PERIOD B1, 2020 WAS MAILED ON JULY 15, 2021 TO THE MISSION WAS RETURNED TO THE U.SUKRAINE IN DECEMBER 2021. THE U.SUKRAINE ACCUSTOMED TO SUBMITTING ITS ANNUAL 990S MAT, WAS SIMPLY UNAWARE OF THE TO SUBMIT THE 990 BY THE E-FILE FORMAT. MONTH OF DECEMBER 2021, AN E-FILE FORMAT WAS DECLINED BY THE IRS, AND THE E-FILE DICATED THE FOLLOWING: "ACCORDING TO OUR IRS BUSINESS MASTER FILE, THE IRS THINKS CAL YEAR FOR YOUR ORGANIZATION ENDS ON AILED A RESPONSE TO THE IRS ON JANUARY 10, FING THAT WE BELIEVE THIS IS A MISTAKE AND RETAIN OUR FISCAL YEAR AS ENDING ON AUGUST OUNDATION HAS NOT RECEIVED A RESPONSE TO-LE WE ABLE TO REACH ASSISTANCE BY |

TELEPHONE, WE HAVE CONSEQUENTLY DECIDED TO USE THE FISCAL PERIOD ENDING DEC 31. SEVERAL DAYS AGO WE SUBMITTED A 990 FOR THE SHORT PERIOD OF SEPT 1, 2019 -

SUBMITTING THIS E-FILE 990 FOR 2020, COVERING JAN 1 - DEC

CONSIDERING THE DETAILS OF THIS SITUATION, WE BELIEVE THAT NO PENALTIES SHOULD BE LEVIED ON THE U.S.-UKRAINE

DEC 31, 2019 BY US POSTAL MAIL AND WE ARE NOW

31, 2020. WE APOLOGIZE FOR ANY INCONVENIENCE.

FOUNDATION FOR THIS E-FILED 990 SUBMISSION.

| efil | e GR/    | APHIC prii                   | nt - DO NOT PROCESS   | As Filed Data -  |  |                                     | DLN: 9  | 3493199012112                                   |
|------|----------|------------------------------|---|--|--|-------------------------------------|---|---|
| SCI  | -IFD     | ULE A                        | Public (  | Charity Statu  | e and Dul  | olic Supp                           | ort   | OMB No. 1545-0047                               |
|      | m 99     |                              | Complete if the or  | ganization is a sect<br>4947(a)(1) nonexe<br>Attach to Form !                              | ion 501(c)(3) e<br>empt charitable<br>990 or Form 99 | organization or<br>trust.<br>00-EZ. | a section   | 2020  |
|      |          | the Treasury                 | ► Go to <u>www.irs</u>  | .gov/Form990 for i   | nstructions and                                      | I the latest info                   | ormation.   | Open to Public<br>Inspection                    |
| Nam  | e of th  | ne organiza<br>FOUNDATION    |   |  |  |                                     | Employer identific                                      | ation number                                    |
|      |          | TOUNDATION                   |   |  |  |                                     | 52-1778729  |   |
|      | rt I     |                              | for Public Charity State  |  |  |                                     | See instructions.                                       |   |
|      | rganiz   |                              | a private foundation because  | •  | •  |                                     | (4)(:)  |   |
| 1    |          |                              | onvention of churches, or as  |  |  |                                     |   |   |
| 2    |          |                              | scribed in section 170(b)(  |  | `  | , ,                                 |   |   |
| 3    |          | •                            | or a cooperative hospital serv  | •  |  |                                     | •   |   |
| 4    |          | A medical r<br>name, city,   | esearch organization operate<br>and state:  | ed in conjunction with   | a hospital descri                                    | ibed in <b>section</b> :            | 170(b)(1)(A)(iii). E                                    | nter the hospital's                             |
| 5    |          | (b)(1)(A)                    | ation operated for the benefit (iv). (Complete Part II.)  |  |  |                                     |   | bed in <b>section 170</b>                       |
| 6    |          | ·                            | tate, or local government or  | -  |  |                                     |   |   |
| 7    | <b>✓</b> | _                            | ation that normally receives and the strain of the strain |  | s support from a                                     | governmental u                      | ınit or from the gener                                  | al public described in                          |
| 8    |          | A communi                    | ty trust described in <b>section</b>  | 170(b)(1)(A)(vi).  | (Complete Part I                                     | I.)                                 |   |   |
| 9    |          | An agriculti<br>non-land gi  | ural research organization de<br>rant college of agriculture. So  | scribed in <b>170(b)(1)</b><br>see instructions. Enter                                     | (A)(ix) operate the name, city, a                    | d in conjunction and state of the   | with a land-grant coll<br>college or university:        | ege or university or a                          |
| 10   |          | from activit<br>investment   | ation that normally receives:<br>ties related to its exempt fun<br>income and unrelated busin<br>tiee section 509(a)(2). (Co  | ctions—subject to cert<br>ess taxable income (le   | tain exceptions,                                     | and (2) no more                     | than 331/3% of its su                                   | ipport from gross                               |
| 11   |          | An organiza                  | ation organized and operated  | exclusively to test for  | r public safety. S                                   | See section 509                     | (a)(4).   |   |
| 12   |          | more public                  | ation organized and operated<br>by supported organizations of<br>through 12d that describes   | lescribed in section 5   | 09(a)(1) or sec                                      | ction 509(a)(2                      | ). See section 509(a                                    |   |
| а    |          | <b>Type I.</b> A so          | supporting organization oper<br>n(s) the power to regularly a<br>Part IV, Sections A and B.   | ated, supervised, or co  | ontrolled by its s                                   | upported organiz                    | zation(s), typically by                                 |   |
| b    |          | Type II. A<br>manageme       | supporting organization sup<br>nt of the supporting organiza<br>plete Part IV, Sections A a   | ervised or controlled in the sam   |  |                                     |   |   |
| С    |          | Type III f                   | unctionally integrated. A sorganization(s) (see instruction)  | supporting organization  |  |                                     |   | ited with, its                                  |
| d    |          | Type III n<br>functionally   | on-functionally integrated integrated. The organization in You must complete Par  | d. A supporting organi<br>n generally must satis   | ization operated<br>fy a distribution                | in connection wi                    | th its supported organ                                  |   |
| e    |          | Check this                   | box if the organization received or Type III non-functionally   | ed a written determir  | nation from the I                                    |                                     | pe I, Type II, Type II                                  | I functionally                                  |
| f    | Enter    |                              | of supported organizations  |  | _  |                                     |   |   |
| g    | Provi    | de the follow                | ing information about the su  | pported organization(  | s).  |                                     |   |   |
|      | (i) N    | Name of supp<br>organizatior | , , ,   | (iii) Type of<br>organization<br>(described on lines<br>1- 10 above (see<br>instructions)) |  | anization listed<br>ing document?   | (v) Amount of<br>monetary support<br>(see instructions) | (vi) Amount of other support (see instructions) |
|      |          |                              |   |  | Yes  | No                                  |   |   |
|      |          |                              | <u> </u>  |  |  |                                     |   |   |
|      |          |                              |   |  |  |                                     |   |   |
| Tota |          |                              | tion Act Notice, see the Ir   |  |  | [<br>5F :                           | <br>Schedule A (Form 9                                  |   |

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check

17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.
Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

3,407,847

314,607

34.104 %

47.247 %

12

14

15

Schedule A (Form 990 or 990-EZ) 2020

(Explain in Part VI.). .

11

Total support. Add lines 7 through

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) . . . . . . . . .

15 Public support percentage for 2019 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . .

20

| •   | (Complete only if you c  |                          |                     |                     |                     | d to qualify und | er Part II. If |
|-----|--|--------------------------|---------------------|---------------------|---------------------|------------------|----------------|
|     | the organization fails to  |                          |                     |                     |                     |                  |                |
| S   | ection A. Public Support   |                          |                     |                     |                     |                  |                |
|     | Calendar year  | (a) 2016                 | <b>(b)</b> 2017     | (c) 2018            | (d) 2019            | (e) 2020         | (f) Total      |
| 1   | (or fiscal year beginning in) ►<br>Gifts, grants, contributions, and     |                          |                     |                     |                     |                  |                |
| -   | membership fees received. (Do not  |                          |                     |                     |                     |                  |                |
|     | include any "unusual grants.") .   |                          |                     |                     |                     |                  |                |
| 2   | Gross receipts from admissions,  |                          |                     |                     |                     |                  |                |
|     | merchandise sold or services   |                          |                     |                     |                     |                  |                |
|     | performed, or facilities furnished in                                    |                          |                     |                     |                     |                  |                |
|     | any activity that is related to the<br>organization's tax-exempt purpose |                          |                     |                     |                     |                  |                |
| 3   | Gross receipts from activities that are                                  |                          |                     |                     |                     |                  |                |
|     | not an unrelated trade or business                                       |                          |                     |                     |                     |                  |                |
|     | under section 513  |                          |                     |                     |                     |                  |                |
| 4   | Tax revenues levied for the  |                          |                     |                     |                     |                  |                |
|     | organization's benefit and either paid to or expended on its behalf      |                          |                     |                     |                     |                  |                |
| 5   | The value of services or facilities                                      |                          |                     |                     |                     |                  |                |
| 3   | furnished by a governmental unit to                                      |                          |                     |                     | ·                   |                  |                |
|     | the organization without charge  |                          |                     |                     |                     |                  |                |
| 6   | Total. Add lines 1 through 5   |                          |                     |                     |                     |                  |                |
| 7a  | Amounts included on lines 1, 2, and                                      |                          |                     |                     |                     |                  |                |
| _   | 3 received from disqualified persons                                     |                          |                     |                     |                     |                  |                |
| b   | Amounts included on lines 2 and 3 received from other than disqualified  |                          |                     |                     |                     |                  |                |
|     | persons that exceed the greater of                                       |                          |                     |                     |                     |                  |                |
|     | \$5,000 or 1% of the amount on line                                      |                          |                     |                     |                     |                  |                |
|     | 13 for the year.   |                          |                     |                     |                     |                  |                |
| С   | Add lines 7a and 7b  |                          |                     |                     |                     |                  |                |
| 8   | Public support. (Subtract line 7c  |                          |                     |                     |                     |                  |                |
| _   | from line 6.)  |                          |                     |                     |                     |                  |                |
| 56  | ection B. Total Support  |                          |                     |                     |                     | 1                |                |
|     | Calendar year<br>(or fiscal year beginning in) ▶                         | (a) 2016                 | <b>(b)</b> 2017     | (c) 2018            | (d) 2019            | (e) 2020         | (f) Total      |
| ٥   | Amounts from line 6  |                          |                     |                     |                     |                  |                |
| 10a | Gross income from interest,  |                          |                     |                     |                     |                  |                |
| LUa | dividends, payments received on  |                          |                     |                     |                     |                  |                |
|     | securities loans, rents, royalties and                                   |                          |                     |                     |                     |                  |                |
|     | income from similar sources  |                          |                     |                     |                     |                  |                |
| b   | Unrelated business taxable income  |                          |                     |                     |                     |                  |                |
|     | (less section 511 taxes) from businesses acquired after June 30,         |                          |                     |                     |                     |                  |                |
|     | 1975.  |                          |                     |                     |                     |                  |                |
| c   | Add lines 10a and 10b.   |                          |                     |                     |                     |                  |                |
| 11  | Net income from unrelated business                                       |                          |                     |                     |                     |                  |                |
|     | activities not included in line 10b,                                     |                          |                     |                     |                     |                  |                |
|     | whether or not the business is   |                          |                     |                     |                     |                  |                |
| 12  | regularly carried on.<br>Other income. Do not include gain or            |                          |                     |                     |                     |                  |                |
| 12  | loss from the sale of capital assets                                     |                          |                     |                     |                     |                  |                |
|     | (Explain in Part VI.)  |                          |                     |                     |                     |                  |                |
| 13  | Total support. (Add lines 9, 10c,  |                          |                     |                     |                     |                  |                |
|     | 11, and 12.)   |                          | <u> </u>            | 1.6                 |                     | E04( )(2)        |                |
| 14  | First 5 years. If the Form 990 is for the                                |                          |                     |                     |                     |                  |                |
|     | check this box and stop here   |                          |                     |                     |                     |                  | 🟲 🖳            |
|     | ection C. Computation of Public  |                          |                     | l ( <b>5</b> ))     |                     | 1 1              |                |
| 15  | Public support percentage for 2020 (lin                                  |                          |                     | . , ,               |                     | 15               |                |
| 16  | Public support percentage from 2019 S                                    |                          |                     |                     |                     | 16               |                |
|     | ection D. Computation of Invest  |                          |                     | 1: 40 1 11          | 2)                  | 1 1              |                |
| 17  | Investment income percentage for 202                                     |                          | ,                   | ,                   | **                  | 17               |                |
| 18  | Investment income percentage from 2                                      |                          |                     |                     |                     | 18               |                |
| 19a | 331/3% support tests-2020. If the  | organization did r       | ot check the box    | on line 14, and lir | ne 15 is more than  | 33 1/3%, and lin | e 17 is not    |
|     | more than 33 1/3%, check this box and                                    | <b>stop here.</b> The or | rganization qualifi | es as a publicly su | upported organizat  | tion             | . ▶□           |
| b   | 33 1/3% support tests—2019. If the                                       | e organization did       | not check a box     | on line 14 or line  | 19a, and line 16 is | more than 33 1/3 | 3% and line 18 |
|     | not more than 33 1/3% check this how                                     | and stop bere            | The organization    | gualifies as a publ | icly cupported ora  | anization        | ightharpoons   |

Page 4

10a

10b

Schedule A (Form 990 or 990-F7) 2020

Schedule A (Form 990 or 990-EZ) 2020

12d, of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations

|    |  |    | Yes | No |  |
|----|--|----|-----|----|--|
| 1  | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.         |    |     |    |  |
|    | acserise the designation. It installs and continuing relationship, explain.  |    |     |    |  |
| 2  | Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described  |    |     |    |  |
|    | in section 509(a)(1) or (2).   |    |     |    |  |
| За | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.  |    |     |    |  |
|    | Sc Below.  | 3a |     |    |  |
| b  | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the   |    |     |    |  |
|    | determination.   | 3b |     |    |  |
| С  | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?   |    |     |    |  |
|    | <u> </u>   | 3с |     |    |  |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you  |    |     |    |  |
|    | Checked box 12a of 12b in Part 1, answer lines 4b and 4c below.  | 4a |     |    |  |
| b  | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported  |    |     |    |  |
|    | checked box 12a or 12b in Part I, answer lines 4b and 4c below.  Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or | 4b |     |    |  |
|    | supervised by or in connection with its supported organizations.   |    |     |    |  |
| С  | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support  |    |     |    |  |
|    | to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.  | 4c |     |    |  |

|    |  |    |  | l . |
|----|--|----|--|-----|
| c  | the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?   |    |  |     |
|    | If ies, explain in Fait *1 what controls the organization put in place to ensure such use.   |    |  |     |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you  |    |  |     |
|    | checked box 12a or 12b in Part I, answer lines 4b and 4c below.  |    |  |     |
| b  | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported  |    |  |     |
|    | organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. |    |  |     |
| С  | Did the organization support any foreign supported organization that does not have an IRS determination under sections   |    |  |     |
|    | 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support  |    |  |     |
|    | to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.  | 4c |  |     |

| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if y checked box 12a or 12b in Part I, answer lines 4b and 4c below.   | ou <b>4a</b> |  |
|---|--------------|--|
|   | 4a           |  |
| ,   | 4a           |  |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported   | <i></i>      |  |
| organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  |              |  |
| Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(8) purposes.  4c                   |              |  |
|   |              |  |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the |              |  |
| organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).   | 5a           |  |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the   | e L          |  |
| organization's organizing document?   | 5b           |  |

5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

6 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8

complete Part I of Schedule L (Form 990 or 990-EZ).

8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

9b

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

the organization had excess business holdings).

| Pa | rt IV   | Supporting Organizations (continued)  |        |         |    |
|----|---|---|--------|---------|----|
|    |   |   |        | Yes     | No |
| 11 | Has th  | ne organization accepted a gift or contribution from any of the following persons?  |        |         |    |
| а  |   | son who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the ning body of a supported organization?   | 11a    |         |    |
| h  | Δ fam   | ily member of a person described in 11a above?  | 11b    |         |    |
|    |   | 6 controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part  | 11c    |         |    |
|    | VI.   |   |        |         |    |
| S  | ection  | B. Type I Supporting Organizations  |        | Yes     | No |
| 1  | appoir<br>descri<br>activit<br>remov  | the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly into or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," is in the in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's sties. If the organization had more than one supported organization, describe how the powers to appoint and/or we directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, and to such powers during the tax year. |        |         |    |
| _  |   |   | 1      |         |    |
| 2  | opera:<br><i>carrie</i> :   | le organization operate for the benefit of any supported organization other than the supported organization(s) that ted, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit d out the purposes of the supported organization(s) that operated, supervised or controlled the supporting ization.  | 2      |         |    |
| -  | ection  | C. Type II Supporting Organizations   |        |         |    |
|    | ection  | c. Type 11 Supporting Organizations   |        | Yes     | No |
| 1  | Were  | a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of  |        |         |    |
|    | each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |   | 1      |         |    |
| S  | ection  | D. All Type III Supporting Organizations  |        |         |    |
|    |   |   |        | Yes     | No |
| 1  | tax ye<br>Form  | re organization provide to each of its supported organizations, by the last day of the fifth month of the organization's ear, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing   | 1      |         |    |
| _  |   | cuments in effect on the date of notification, to the extent not previously provided?   |        |         |    |
| 2  | (s) or  | any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization ained a close and continuous working relationship with the supported organization(s).  | 2      |         |    |
| 3  | Bv rea  | ason of the relationship described in line 2 above, did the organization's supported organizations have a significant   |        |         |    |
|    | voice   | in the organization's investment policies and in directing the use of the organization's income or assets at all times the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.  | 3      |         |    |
| S  |   | E. Type III Functionally-Integrated Supporting Organizations  |        |         |    |
| 1  | Check   | the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructi  | ons):  |         |    |
|    | a 🗌   | The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |        |         |    |
|    | ь   | The organization is the parent of each of its supported organizations. Complete line 3 below.   |        |         |    |
|    | c 🗆   | The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see   | instru | ctions) |    |
| 2  | Activit   | ties Test. <b>Answer lines 2a and 2b below.</b>   |        | Yes     | No |
|    | suppo<br><b>orgar</b><br>respon   | ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported nizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was nsive to those supported organizations, and how the organization determined that these activities constituted antially all of its activities.   | 2a     |         |    |
|    | organ<br><i>organ</i>   | le activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the ization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the ization's position that its supported organization(s) would have engaged in these activities but for the organization's rement.   | 2b     |         |    |
| 3  | Paren   | t of Supported Organizations. Answer lines 3a and 3b below.   |        |         |    |
|    | a Did th  | te organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of apported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>  | 3a     |         |    |
|    |   | e organization exercise a substantial degree of direction over the policies, programs and activities of each of its rted organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.   | 3h     |         |    |

Page 6

|   | mad decions. An other Type III non functionally integrated supporting organiza   | acionis i  | must complete sections | a uniough L.                   |
|---|--|------------|------------------------|--------------------------------|
|   | Section A - Adjusted Net Income  |            | (A) Prior Year         | (B) Current Year<br>(optional) |
| 1 | Net short-term capital gain  | 1          |                        |                                |
| 2 | Recoveries of prior-year distributions   | 2          |                        |                                |
| 3 | Other gross income (see instructions)  | 3          |                        |                                |
| 4 | Add lines 1 through 3  | 4          |                        |                                |
| 5 | Depreciation and depletion   | 5          | -                      |                                |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6          |                        |                                |
| 7 | Other expenses (see instructions)  | 7          |                        |                                |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  | 8          |                        |                                |
|   | Section B - Minimum Asset Amount   |            | (A) Prior Year         | (B) Current Year<br>(optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  | 1          |                        |                                |
| а | Average monthly value of securities  | 1a         |                        |                                |
| b | Average monthly cash balances  | <b>1</b> b |                        |                                |
| С | Fair market value of other non-exempt-use assets   | 1c         |                        |                                |
| d | Total (add lines 1a, 1b, and 1c)   | 1d         |                        |                                |
| е | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):  |            |                        |                                |
| 2 | Acquisition indebtedness applicable to non-exempt use assets   | 2          |                        |                                |
| 3 | Subtract line 2 from line 1d   | 3          |                        |                                |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).   | 4          |                        |                                |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5          |                        |                                |
| 6 | Multiply line 5 by 0.035   | 6          |                        |                                |
| 7 | Recoveries of prior-year distributions   | 7          |                        |                                |
| 8 | Minimum Asset Amount (add line 7 to line 6)  | 8          |                        |                                |
|   | Section C - Distributable Amount   |            |                        | Current Year                   |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A)  | 1          |                        |                                |
| 2 | Enter 85% of line 1  | 2          |                        |                                |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3          |                        |                                |
| 4 | Enter greater of line 2 or line 3  | 4          |                        |                                |
| 5 | Income tax imposed in prior year   | 5          |                        |                                |
|   |  |            |                        |                                |

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

temporary reduction (see instructions)

3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 6 Other distributions (describe in Part VI). See instructions 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide 8

details in Part VI). See instructions Distributable amount for 2020 from Section C, line 6 9 10 (ii) (iii) Section E - Distribution Allocations (i) Underdistributions Distributable **Excess Distributions** (see instructions) Pre-2020 Amount for 2020

10 Line 8 amount divided by Line 9 amount 1 Distributable amount for 2020 from Section C, line 6 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2020: a From 2015. . . . . . **b** From 2016. . . . . . . c From 2017. . . . . .

d From 2018. . . . . . . e From 2019. . . . . . . f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2020 distributable amount i Carryover from 2015 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

4 Distributions for 2020 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2020 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions. lines 3h and 4b from line 1. If the amount is greater

5 Remaining underdistributions for years prior to 6 Remaining underdistributions for 2020, Subtract than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2021. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2016. . . . . **b** Excess from 2017. . . .

| Schedule A (Form 990 or 990-EZ) 2020 Page <b>8</b> |   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| So<br>Pa<br>So                                     | ection A, lines 1, 2, 3<br>art IV, Section D, lin | mation. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line es 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See |  |  |  |  |
|  |   | Facts And Circumstances Test   |  |  |  |  |
|  |   |  |  |  |  |  |
| 990 Schedul  | 90 Schedule A, Supplemental Information           |  |  |  |  |  |
| Return   | n Reference                                       | Explanation  |  |  |  |  |

# Return Reference Explanation Schedule A, Part I, Line 10 AMOUNTS ENTERED ARE RELATED, EXEMPT REVENUE RECEIVED EACH YEAR THROUGH PROGRAMS. PLEASE SE E FORM 990, PART III, PROGRAM SERVICE ACCOMPLISHMENTS AND PART VIII, STATEMENT OF REVENUE.

| 990 Schedule A, Supplemental Information |  |  |  |  |
|--|--|--|--|--|
| Return Reference                         | Explanation  |  |  |  |
|  | AMOUNTS ENTERED ARE RELATED, EXEMPT REVENUE RECEIVED EACH YEAR THROUGH PROGRAMS. PLEASE SE<br>E FORM 990, PART III, PROGRAM SERVICE ACCOMPLISHMENTS AND PART VIII, STATEMENT OF REVENUE. |  |  |  |

| SCHE        |   | PROCESS                             | As Filed Data  | -  | DLN  | l: 93493199012112   |
|-------------|---|-------------------------------------|--|--|--|---|
|             | OULE F Stat   | ement of                            | Activities   | Outside the Un                                     | ited States  | OMB No. 1545-0047   |
| (Form       |   |                                     | ► Attach   | line 14b, 15, or 16.                               | 2020   |   |
| -           | nt of the Treasury<br>evenue Service                | ► Go to www.irs                     | .gov/Form990 for   | instructions and the latest                        | information.   | Open to Public<br>Inspection  |
|             | the organization<br>AINE FOUNDATION                 |                                     |  |  | Employer ide   | ntification number  |
| O D OKK     | AINE TOONDATION                                     |                                     |  |  | 52-1778729   |   |
| Part :      | General Information Form 990, Part IV, lin          |                                     | s Outside the  | United States. Compl                               | ete if the organization  | answered "Yes" on   |
| 1 Fc        | or grantmakers. Does the                            | organization ma                     | aintain records to   | substantiate the amour                             | nt of its grants and   |   |
| ot          | her assistance, the grantees                        | a' eligibility for t                | he grants or assi  | istance, and the selectio                          | n criteria used  |   |
| to          | award the grants or assista                         | nce?                                |  |  |  | ✓ Yes  ☐ No   |
|             | or grantmakers. Describe intside the United States. | n Part V the org                    | ganization's proce   | edures for monitoring th                           | e use of its grants and o  | ther assistance   |
| <b>3</b> Ad | tivites per Region. (The follow                     | ring Part I, line 3                 | table can be dupl  | licated if additional space                        | is needed.)  |   |
|             | (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | region (by type) (such as,<br>fundraising, program | (e) If activity listed in (d) is program service, describe specific type of service(s) in the region   | a <b>(f)</b> Total expenditures<br>for and investments<br>in the region |
|             | ssia and the newly<br>ependent States               | 1                                   | . 2  | Program Services                                   | GRANTS TO BIOTECH PROFESSIONALS \$114,740; BIOTECH TRAINING EVENTS \$18,061; OFFICE EXPENDITURES IN KYIV, UKRAINE \$9,381; TRANSLATION SERVICES \$2,629; EDUCATIONAL GRANTS TO STUDENTS: \$42,100. GRANTS TO ORGANIZATIONS \$5,100 |   |
|             | o-total   |                                     |  |  |  |   |
|             | tI  |                                     | 1  |  |  | 100.011   |
| c To        | tals (add lines 3a and 3b)                          |                                     | 1 2  | 4  |  | 192,011   |

| Scl   | hedule F (Form 990)   | 2020  |                    |  |                          |                                       |  |   | Page <b>2</b>   |
|-------|---|---|--------------------|--|--------------------------|---------------------------------------|--|---|---|
| Pa    | Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. |   |                    |  |                          |                                       |  |   |   |
| 1     | (a) Name of organization  | (b) IRS code<br>section<br>and EIN (if<br>applicable) | (c) Region         | (d) Purpose of grant                                       | (e) Amount of cash grant | (f) Manner of<br>cash<br>disbursement | (g) Amount<br>of noncash<br>assistance | (h) Description<br>of noncash<br>assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|       |   |   | independent States | SPONSORED<br>CREATION OF<br>BIOTECH HUB WITH<br>LABORATORY | 1 ' 1                    | CASH VIA WIRE<br>TRANSFER             | O                                      |   |   |
|       | 1   | 1   |                    | BIOTECH RESEARCH<br>GRANTS                                 | · ' I                    | CASH TRANSFER VIA<br>BANK WIRE        | 0                                      |   |   |
| $I^-$ |   |   |                    | GENERAL BIOTECH  | ,                        | DIRECT CASH                           | 0                                      | -   |   |

|  | independent States   | GRANTS                                     |       | BANK WIRE               |   |  |
|--|----------------------|--|-------|-------------------------|---|--|
|  | independent States   | GENERAL BIOTECH<br>FINANCIAL<br>ASSISTANCE |       | DIRECT CASH<br>TRANSFER | 0 |  |
|  | Russia and the newly | GENERAL BIOTECH                            | 6,501 | CASH TRANSFER           | 0 |  |

independent States FINANCIAL

ASSISTANCE

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-

exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . . . . . . . . . .

Schedule F (Form 990) 2020

| nedule F (Form 990) 2020  |  |                          |                             |  |  |   | Page   |
|---|--|--------------------------|-----------------------------|--|--|---|--|
|   |  |                          |                             | ed States. Complete if                             | the organization ansv                  | wered "Yes" on Form 9                       | 990, Part IV, line 16  |
|   | e duplicated if additi                     |                          |                             |  |  |   |  |
| Type of grant or assistanc  |  | (c) Number of recipients | (d) Amount of<br>cash grant | (e) Manner of cash<br>disbursement                 | (f) Amount of<br>noncash<br>assistance | (g) Description<br>of noncash<br>assistance | (h) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) |
| SCHOLARSHIPS FOR<br>STUDENTS ATTENDING<br>UNIVERSITIES IN<br>UKRAINE  | Russia and the newly independent States    | 45                       | 42,100                      | DIRECT CASH PAYMENTS                               | 0                                      |   |  |
| PROFESSIONAL BIOTECH<br>DEVELOPMENT,<br>RESEARCH AND TRAVEL<br>GRANTS | Russia and the newly<br>independent States | 56                       |                             | CASH GRANTS AND PAID<br>INVOICES TO 3RD<br>PARTIES | 0                                      |   |  |
|   |  |                          |                             |  |  |   |  |
|   |  |                          |                             |  |  |   |  |
|   |  |                          |                             |  |  |   |  |
|   |  |                          |                             |  |  |   |  |
|   |  |                          |                             |  |  |   |  |
|   |  |                          |                             |  |  |   |  |
|   |  |                          |                             |  |  |   |  |
|   |  |                          |                             |  |  |   |  |
|   |  |                          |                             |  |  |   |  |
|   |  |                          |                             |  |  |   |  |
|   |  |                          |                             |  |  |   |  |
|   |  |                          |                             |  |  |   |  |
|   |  |                          |                             |  |  |   |  |
|   |  |                          |                             |  |  |   |  |

| Sche | dule F (Form 990) 2020  |       | Page <b>4</b> |
|------|---|-------|---------------|
| Par  | t IV Foreign Forms  |       |               |
| 1    | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)  | Yes   | <b>☑</b> No   |
| 2    | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) | □Yes  | <b>▽</b> l No |
|      |   |       |               |
| 3    | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)   |       |               |
|      |   | ☐ Yes | <b>✓</b> No   |
| 4    | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).   | Yes   | <b>☑</b> No   |
| 5    | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)  |       |               |
|      | (see instructions for form 6665)  | Yes   | <b>✓</b> No   |
| 6    | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the   |       |               |
|      | organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form<br>5713; don't file with Form 990).  | Yes   | <b>✓</b> No   |

| Schedule F (Fo      | rm 990) 2020 Page <b>5</b>   |  |
|---------------------|--|--|
| F<br>a<br>r<br>a    | Supplemental Information  Trovide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; mounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide ny additional information. See instructions.  Ile F, Supplemental Information |  |
| Return<br>Reference | Explanation  |  |
|                     |  |  |

Schedule F. THE U.S.-UKRAINE FOUNDATION USES FLIGIBILITY CRITERIA FOR THE REVIEW AND SELECTION OF GRANT AWARDEES. CRITERIA

Part I. Line 1 VARY DEPENDING ON THE AWARD PROVIDED, AND THE RELATED, SUPPORTING PROGRAM IN REGARD TO BIOTECH AWARDS, WE

FOCUS ON YOUNG PROFESSIONALS IN UKRAINE AND THEIR EDUCATIONAL ATTAINMENT.

# 990 Schedule F, Supplemental Information

Return

| Reference      | Explanation  |
|----------------|--|
| Schedule F,    | THE U.SUKRAINE FOUNDATION USES STAFF/AGENTS TO MONITOR FUNDS DISBURSED IN UKRAINE. CONTACT WITH RECIPIENT  |
| Part I, Line 2 | INDIVIDUALS AND ORGANIZATIONS IS MAINTAINED TO ASSURE PROPER PROGRAM USE OF FUNDS. ALL CASH DISBURSEMENTS IN UKRAINE REQUIRE SIGNATURES FROM THOSE RECEIVING CASH (OR PROVIDING CASH). ALL SUPPORTING DOCUMENTATION IS |
|                | SUBMITTED TO THE FOUNDATION IN WASHINGTON, DC FOR REVIÈW AND FOR CONSOLÍDATION INTO FINANCIAL REPORTS.   |

Evolunation

990 Schedule F, Supplemental Information

| Return Reference           | Explanation                        |
|----------------------------|------------------------------------|
| Schedule F, Part I, Line 3 | ACCOUNTING METHOD USED IS ACCRUAL. |

990 Schedule F, Supplemental Information

| Return Reference            | Explanation                        |
|-----------------------------|------------------------------------|
| Schedule F, Part II, Line 1 | ACCOUNTING METHOD USED IS ACCRUAL. |

990 Schedule F, Supplemental Information

Return

| Reference        |  |
|------------------|--|
| Schedule F, Part | ACCOUNTING METHOD IS ACCRUAL. NUMBER OF BIOTECH AWARD RECIPIENTS TOTALED 56. NUMBER OF EDUCATIONAL AWARD |
|                  | RECIPIENTS TOTALED 45.   |

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493199012112 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule I **Grants and Other Assistance to Organizations.** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization **Employer identification number** U S-UKRAINE FOUNDATION 52-1778729 Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) (book, FMV, appraisal, organization cash noncash assistance or assistance grant assistance or government other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 

Cat. No. 50055P

Schedule I (Form 990) 2020

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

# (7)

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference Explanation Schedule I. Part I. Line 2

GRANT FUNDS ARE DISBURSED FOLLOWING THE SIGNING OF A GRANT AGREEMENT THAT OUTLINES TIME, ACTIVITY, AND BUDGET PARAMETERS. THE GRANTEE MUST SUBMIT NARRATIVE AND FINANCIAL REPORTS AT THE CONCLUSION OF THE GRANT PERIOD. COPIES OF RECEIPTS AND OTHER FINANCIAL DOCUMENTATION

### **Additional Data**

**Software ID:** 20012124

**Software Version:** v1.00

**EIN:** 52-1778729

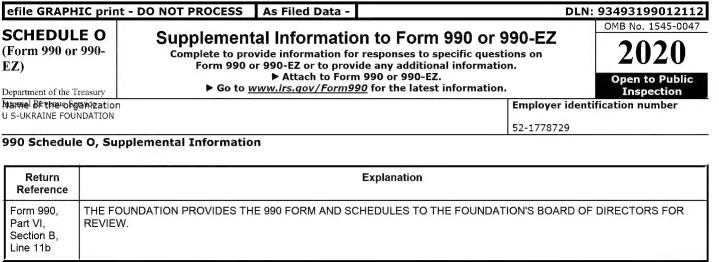
Name: U S-UKRAINE FOUNDATION

| Form 990, Schedule I, Part  | II, Grants and | Other Assistance to              | <b>Domestic Organiza</b>    | tions and Domesti                        | ic Governments.   |   |   |
|---|----------------|----------------------------------|-----------------------------|--|---|---|---|
| (a) Name and address of<br>organization<br>or government                                    | (b) EIN        | (c) IRC section<br>if applicable | (d) Amount of cash<br>grant | (e) Amount of non-<br>cash<br>assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of<br>non-cash assistance | (h) Purpose of grant or assistance  |
| BIRMINGHAM SISTER CITIES 1116 20TH STREET SOUTH 314 BIRMINGHAM, AL 35203                    | 63-1213470     | 501(c)(3)                        | 8,257                       | 0  |   |   | THIS IS A CULTURAL AND EDUCATIONAL GRANT SPONSORED BY THE OPEN WORLD LEADERSHIP CENTER (U.S. LIBRARY OF CONGRESS AGENCY) AND IS DESIGNED TO PROVIDE PROFESSIONAL EXCHANGE OPPORTUNITIES THAT ESTABLISH LASTING PROFESSIONAL RELATIONSHIPS BETWEEN THE UP-AND- COMING LEADERS OF OPEN WORLD COUNTRIES AND AMERICANS DEDICATED TO SHOWCASING U.S. VALUES AND DEMOCRATIC INSTITUTIONS. |
| FRIENDS OF SPRINGFIELD COM ON INTERNATIONAL VISITORS 109 N 7TH STREET SPRINGFIELD, IL 62701 | 37-1213470     | 501(c)(3)                        | 7,662                       | 0  |   |   | THIS IS A CULTURAL AND EDUCATIONAL GRANT SPONSORED BY THE OPEN WORLD LEADERSHIP CENTER (U.S. LIBRARY OF CONGRESS AGENCY) AND IS DESIGNED TO PROVIDE PROFESSIONAL EXCHANGE OPPORTUNITIES THAT ESTABLISH LASTING PROFESSIONAL RELATIONSHIPS BETWEEN THE UP-AND- COMING LEADERS OF OPEN WORLD COUNTRIES AND AMERICANS DEDICATED TO SHOWCASING U.S. VALUES AND DEMOCRATIC INSTITUTIONS. |

(b) EIN (d) Amount of cash (a) Description of (h) Purpose of grant (a) Name and address of (c) IRC section (e) Amount of non-(f) Method of valuation (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) IOWA SISTER STATES 42-1266418 501(c)(3) 5,729 THIS IS A CULTURAL 200 EAST GRAND AVENUE AND EDUCATIONAL DES MOINES, IA 50309 GRANT SPONSORED BY THE OPEN WORLD LEADERSHIP CENTER (U.S. LIBRARY OF CONGRESS AGENCY) AND IS DESIGNED TO PROVIDE PROFESSIONAL EXCHANGE OPPORTUNITIES THAT ESTABLISH LASTING PROFESSIONAL RELATIONSHIPS BETWEEN THE UP-AND-COMING LEADERS OF OPEN WORLD

COUNTRIES AND AMERICANS DEDICATED TO SHOWCASING U.S. VALUES AND DEMOCRATIC INSTITUTIONS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.



Return Explanation
Reference

990 Schedule O. Supplemental Information

Line 18

Form 990,
Part VI,
Section C,

THE FOUNDATION MAKES ITS PUBLIC DOCUMENTS AVAILABLE ONLINE AT: https://usukraine.org/about
-us/reports/. THE FOUNDATION'S PUBLIC DOCUMENTS ARE AVAILABLE ON DEMAND AND ARE PUBLICIZE
D THROUGH ITS NEWSLETTER.

Return Explanation

990 Schedule O. Supplemental Information

Form 990,
Part VI,
Section C,
Line 19

HE FOUNDATION MAKES ITS PUBLIC DOCUMENTS AVAILABLE ONLINE AT: https://usukraine.org/about-us/reports/. THE FOUNDATION'S PUBLIC DOCUMENTS ARE AVAILABLE ON DEMAND AND ARE PUBLICIZED
THROUGH ITS NEWSLETTER.

Return Explanation

990 Schedule O, Supplemental Information

| Form 990,     | DONATED SERVICES OF \$122,738 AND A NET UNREALIZED LOSS OF \$601 ARE CREDITED AND DEBITED IN |
|---------------|--|
| Part XI, Line | ORDER TO HAVE NO IMPACT ON THE ACTUAL NET ASSETS OF \$561,276.                               |